

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

STATE OF DELAWARE DEPARTMENT OF STATE DIVISION OF PROFESSIONAL REGULATION BOARD OF ARCHITECTS

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR ARCHITECTURE CERTIFICATE OF AUTHORIZATION

INSTRUCTIONS

Which Businesses Must Register

Whether a business that provides or offers to provide architecture services in Delaware is required to file an application for a Delaware Certificate of Authorization depends on the classification of the business. Even if the business is *not* required to file an application, the business must provide a statement to the Board office certifying to its status.

IF the business is a	THEN	AND a Certificate of Authorization application is	
Sole Proprietorship	the owner owns and controls the business and practices (or offers to practice) architecture only under his or her own name	not required. However, the owner must submit a statement to the Board office certifying that the business is a sole proprietorship or equivalent.	
Sole Member Limited Liability Company	the business is equivalent to a Sole Proprietorship		
 Partnership "S" Corporation "C" Corporation Limited Liability Company Limited Liability Partnership 	 one or more of the officers, partners, members or managers who is a licensed architect must be designated as responsible for any architecture services on behalf of the business entity all personnel of the business who act in its behalf as architects in Delaware or for clients located in Delaware must be registered architects 	required. Follow the instructions below to apply.	

Requirements for All Applicants

File this application when a business is required to obtain a Certificate of Authorization.
Submit completed, signed and notarized <u>Application for Architecture Certificate of Authorization</u> .
Enclose processing fee by check or money order made payable to "State of Delaware."
Enclose copy of State of Delaware <u>business license</u> issued by the Division of Revenue or the Division of Corporations
Arrange for each designated professional-in-charge to sign and seal an <i>Acknowledgment of Professional in Charge</i> .



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TYPE OF APPLICATION

1.	Check one:					
	☐ This is an <i>initial</i> application for an architecture business.					
	 This is a new application for an existing, lical approved, a new license number will be is Name of business as it appears on the Professional license number from curr 	ssued. e <u>current</u> license:			·	
	 This is a re-application for a certificate of a approved, a new license number will be is Name of business as it appeared on the Professional license number from lapse 	sued. he <u>lapsed</u> license:			e. If	
CC	INTACT AND LOCATION INFORMATION					
2.	Business Name:					
3.	Address of <i>Physical Location</i> of Main Office	:Stre	et (no PO Box)			
	City		State	Zip)	
4.	Phone: Fax:					
5.	Email:					
6.	Mailing Address of Main Office (if different):					
	City		State	Zip)	
7.	If the address you entered in Question 2 is not in Delaware, does business have any Delaware locations? Yes \(\subseteq \text{No } \subseteq \text{If yes, enter the following information about each Delaware location:} \)					
	Street	City		<u>DE</u>	 Zip	
				<u>DE</u>	<u>-</u> ιμ	
	Street	City		DE	Zip	
	Street	City		<u> </u>	Zip	

8.	Does the business have a Delaware business license? Yes \square No \square If yes, submit a copy of the Delaware Division of Revenue Business License. If no, submit a letter from the Division of Revenue stating that the business is not required to hold a Delaware business license.						
9.	Federal EIN:						
OV	NERSHIP INFORMATION						
10.	The owner of this business	is a (check one): C	orporation				
11.	Enter state where incorpora	ted, formed or registere	ed:				
12.	12. Enter the following information about all corporate officers, board members, members, managers, principals, and partners.						
	NAME	POSITION	ADDRESS				
	You may attach a list inste	ead of completing the	table. The list must include the same information.				
DIS	CLOSURES						
13. Do all personnel of this business who practice architecture in Delaware hold a current Delaware architecture license? Yes \(\square \) No \(\square \) If no, attach an explanation.							
PR	OFESSIONAL IN CHARGE	INFORMATION					
14. List name(s) of any person who is in responsible charge of the practice of architecture in Delaware on behalf of this partnership or corporation:							
	Arrange for <i>each</i> person listed above to sign and seal an <i>Acknowledgment of Professional in</i>						

Charge on the next page.

ACKNOWLEDGMENT OF PROFESSIONAL IN CHARGE			
I,, acknowledge that I have been responsible charge of and/or for direct supervision of architecture service Delaware by the corporation, limited liability company or partnership nam the Board must be notified within 30 days if I am no longer associated withis corporation, limited liability company or partnership.	es offered or provided in ned above. I understand that		
Signature:	AFFIX SEAL		
Delaware Architecture License No:			
ACKNOWLEDGMENT OF PROFESSIONAL IN C	HARGE		
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Delaware Architecture License No:			
ACKNOWLEDGMENT OF PROFESSIONAL IN CITY II. A cknowledge that I have been responsible charge of and/or for direct supervision of architecture service Delaware by the corporation, limited liability company or partnership name the Board must be notified within 30 days if I am no longer associated with this corporation, limited liability company or partnership.	designated as a person in es offered or provided in ned above. I understand that		
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To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items <u>no later than</u> 4:30 PM ten full working days before the Board's meeting date (as specified on website: dpr.delaware.gov):

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 60 days of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 2-4 weeks to receive your license.

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is authorized to apply for a Certificate of Authorization (24 *Del. C.* §312A) on behalf of the corporation, limited liability company or partnership indicated above, that he/she has read and reviewed the information provided in the *Application for Architecture Certificate of Authorization* and that the information and statements contained therein are true and correct, and that he or she understands that providing false information or employing or knowingly cooperating in fraud or material deception in order to be licensed is grounds for DENIAL OF LICENSURE OR DISCIPLINARY ACTION.

The undersigned further affirms that he/she understands that all applicants for an Architecture Certificate of Authorization must comply with all State of Delaware tax laws and must not engage in the practice of architecture in Delaware without a valid Certificate of Authorization.

The undersigned further affirms that any change in ownership of the corporation, limited liability company or partnership requires prompt submission of a new application and that any change in the designated professional(s) in charge must be reported to the Board within 30 days of the change.

THE PENALTY FOR FAILING TO FILE THIS APPLICATION WHEN REQUIRED IS A FINE OF UP TO \$2,500 FOR THE FIRST OFFENSE AND UP TO \$5,000 FOR THE SECOND OFFENSE.

Name of Corp/LLC/Partnership:		
By Printed Name:	Title:	
Signature:	Date:	
State of County of		
SUBSCRIBED and SWORN to before me this	day of	, 2
Signature of Notary Public: My Commission expires:		

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED PROCESSING FEE WILL BE REJECTED.

SEAL